P083 Quality control in the care and treatment of our patients undergoing androgen deprivation therapy

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Introduction & Objectives: We are living a golden age of research and development of prostate oncology. Linking the latest scientific evidence with daily clinical practice is a complex task but should always be supported by a commitment to excellence in caring for our patients.

Materials & Methods: We present a descriptive analysis of the situation of all our patients treated with ADT due to Prostate Cancer, in our hospital, 500.000 population area, between April 2017 and April 2018, with the aim of identifying the current situation of their cancer process, the baseline characteristics on which they start, if they are controlled by a specific clinic in Prostate Oncology, if their follow-up and treatment is in line with current evidence, and always with a constructive goal of identifying potential areas of Improvement.

Results: We have identified 619 patients.Median age at diagnosis of 69 years (49-88). Median PSA at diagnosis of 13.2 ng/ml. Histopathological characteristics at diagnosis, 29.5% were Epstein I, 14.8% Epstein II, 22.2% Epstein III, 22.5% Epstein IV, 11% Epstein V.Regard to the initial treatment; 23% were intervened by RP, 5% with RT, 15% Radio-Hormonotherapy, 45% ADT, 4% Multimodal Treatment (RP+RT+HT) and 8% Unknown. Addressing the burden of disease to the diagnosis; 64% were diagnosed in localized phase, 25% in metastatic phase and 11% Unknown. 78% were based on a histological diagnosis, 6% of a clinical diagnosis and 16% of the data is unknown. Being the median age of clinical diagnosis well above the sample mean 84.5 (68-90).As far as the treatment prescription is concerned, 60% came from Urology, 20% Radiation Oncology, 15% Medical Oncology and 5% Primary Care. As for the type of androgenic deprivation, 52% was a complete androgen blockade, 40% a simple androgen block and 8% of the data is lost. As for side effects related to ADT: 12% HTA, 8% DM, 11% Hypercholesterolemia, 1.5% SCA, 4.5% AIT, Bone Pathological Fracture 0.6%. 91% were being followed by a specific consultation on Prostate Cancer. Of the 9% of patients lost. 82% of the sample was CPHS and 18% CRPC. Of CRPC, 73.2% were in active treatment, 8.8% were on staging imaging wait, 8% were CPRCM0 and 10% were CPRCM1 without specific cancer follow-up.

Conclusions: Prostate cancer treatment requires specialized attention, that must be analyzed with the aim of improving, the quality of care provided. This analysis has allowed us to identify the points of weakness, such as the high persistence of complete ADT or low attention to bone, being able to implement strategies in its improvement. We have identified 9% of lost patients. Among the CRPC population, we have identified 8% of CPRCM0 and even 10% of CPRC without specific cancer monitoring, which have been able to benefit from a new treatment proposal. Follow up of prostate cancer patients must be done by specialists in this pathology in order to offer the best follow-up and treatment possible to our patients.